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**Partner Follow-up Medical History Visit Month**

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| Screening ID:

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 *Site Study Screening Number* | Participant ID:

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*Site Study Couple I/P Chk* | Visit Date:

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| **Partner Follow up Medical History** *Items 1-19 are interviewer-administered questions and should be read aloud directly as written* |
|  | **In the past 60 days, have you experienced any of the following?** | Yes  | No  | Don’t know | **If yes, for how many days?** | Ongoing  |
| No of days | Yes  | No  |
| 1 | Fever |  |  |  |  |  |  |
| 2 | Fatigue |  |  |  |  |  |  |
| 3 | Sore throat |  |  |  |  |  |  |
| 4 | Rash |  |  |  |  |  |  |
| 5 | Headache |  |  |  |  |  |  |
| 6 | Shortness of breath or cough |  |  |  |  |  |  |
| 7 | Abdominal pain |  |  |  |  |  |  |
| 8 | Nausea |  |  |  |  |  |  |
| 9 | Vomiting |  |  |  |  |  |  |
| 10 | Diarrhea |  |  |  |  |  |  |
| 11 | Excessive intestinal gas |  |  |  |  |  |  |
| 12 | Increased or decreased urinary output |  |  |  |  |  |  |
| 13 | Muscle weakness or pain |  |  |  |  |  |  |
| 14 | Swelling of the feet |  |  |  |  |  |  |
| 15 | Joint pain |  |  |  |  |  |  |
| 16 | Bone pain |  |  |  |  |  |  |
| 17 | Bone fracture |  |  |  |  |  |  |
| 18 | Numbness or tingling in your hands or feet |  |  |  |  |  |  |
| 19 | Others  |  |  |  |  |  |  |
| 20 | ***Male only:*** Since the last visit, has theparticipant been circumcised? |  |  |  |

**Completed by:** *(initials/date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Forms Instruction**

Items 1-19 are interviewer-administered. Each question should be asked as it is written. All information on the **Partner Enrollment Medical History** CRF is based on participant self-report.

**General Instructions:**

* Participants must be evaluated for each item on the form.
* The information reported on this form should cover the period from the last time the participant was questioned about these symptoms to the current visit.
* For every “yes” answer, indicate the number of days the symptoms have persisted, and whether or not the symptoms are ongoing.
* If “yes” to any question, consider whether a **Reportable Adverse Event Log** CRF should be completed.

**Item-specific Instructions:**

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| **Screening ID** | Screening IDs will be assigned from the site list and are unique to the individual. They are numeric and should be assigned sequentially. The Index Screening ID is assigned to the HIV-positive participant, and the Partner Screening ID is assigned to the HIV-negative participant. |
| **Participant ID**  | Participant IDs are assigned from a list provided by the PROJECT. They are assigned once eligibility has been determined and the subject has been enrolled. The Participant ID should be left blank until the eligibility status of the participant is known. If eligible, the Participant ID should be entered and initialed and dated (if being added on a different date). If the participant is not eligible, then the Participant ID should be left blank. |
| **CRF not****administered** | If this form is not administered at a required visit, then it must still be faxed with the “CRF not administered” box marked. It is not necessary to line through the entire form and write “not administered. |
| **For how many days?** | If the participant does not recall the exact number of days of the symptoms, he/she should be requested to provide an approximation. |
| **Ongoing** | Ongoing is defined as present on the day of enrollment. |
| **Item 19** | Mark “no” if the participant reports no other symptoms. Please report symptoms rather than diagnosis. For example, for “flu” or “cold,” report symptoms (fever, body aches, cough, etc.) in items 1-18. |
| **Item 20** | This question only applies to the time frame since the participant’s last visit. Review the chart notes and CRFs. |